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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE editorial remarks of the NEWS on the subject of oleomargarine a fortnight since have given rise to considerable comment. Of course the NEWS has been accused of being a Granger, and to this count it must plead guilty. We had thought, in fact, that if not the cut of its coat the innocence of its ways had long since betrayed its fondness for the fields and the interests thereof. Still it is an honest Granger, and thinks it can judge fairly when even so partisan a subject as oleomargarine is up. We have said pretty much all we have wished to say upon the subject, which was that the new product should by all means be forced to stand upon its own merits, and that perhaps its advocates were extravagant in its praise, as it did not seem to wear, however much it might look like genuine butter. But we might probably, with interest to our readers, add a few words just now on other points which have been brought to our notice. Any matter which so closely attaches itself to one of the most general food products known to men must be of vast concern to all. To be brief as possible, let us put what we have to say in an aphoristic way.

Oleomargarine does not imitate the finer grades of butter so closely that a connoisseur can not easily detect it. It is more friable, and lacks both the flavor and aroma of the product of cream.

The majority of man and womankind are no more judges of good butter than they are of good wines, good tobaccos, good any
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things. What they say in regard to the identity of oleomargarine and butter amounts to little.

Oleomargarine is superior to much of the butter sold, in flavor and any good qualities. It has been declared an unwholesome compound, from the fact that it may introduce trichinæ, and from the mystery of the fats which may be used in its manufacture. There is no clinical evidence that disease has been so produced, and the field of observation has been ample.

It is highly probable that "caul" fat is not solely used in the manufacture of oleomargarine.

The learned chemists who have made the analyses of oleomargarine have overstepped their bounds, when, after declaring the near identity of its elements with those of butter, they have certified as to its identical taste. Just as their analyses of liquor can not determine its value, so any one may be their equal in matters where the palate alone is the judge.

On questions of mercantile chemistry the scientists are not always so exact as in other matters of their laboratories. Witness the scientific opinions in sundry mining matters and concerning the diamond "plants" of the late P. Arnold, Esq., quondam of Wall Street and Arizona.

Hundreds of persons are deterred from eating butter from the fear of getting oleomargarine. Their feelings should be respected, and it is a fraud to sell oleomargarine for butter, and a "white lie" of commerce to call one of its manufactories a "dairy."

It has been declared that over ninety mil-

lions pounds of oleomargarine butter has been sold within a year, and this without any quotation in the market. It is probable that the manufacturers are not so anxious as they would make believe to have it go with its label.

The discovery of Mége-Mouries is going to stand. Oleomargarine butter is going to be made. It should be forced to stand upon its own merits, and the only efficient way to beat it then is to make better butter. There is no competition between oleomargarine and the finer grades of the creamery.

The theological argument will not apply to the case of butter vs. oleomargarine. It was probably no more in the divine plan to denounce oleomargarine as oleomargarine than it was to condemn patent churns. Oleomargarine offered not as oleomargarine comes under the general statute concerning lying.

Probably the only efficient way to prevent the substitution of oleomargarine for butter is to require its sale in original packages, as with cigars and tobacco.

THE New York Medical Record of the 10th contained an account of an accident which had occurred to Dr. Charles Sayre. It was as follows:

A serious accident occurred to Dr. C. H. H. Sayre, son of Dr. Lewis A. Sayre, on the 5th instant. While walking rapidly into the Gilsey House he turned suddenly to go back to his coupé. His foot slipped and he fell over the iron fence into the area between the hotel and the sidewalk, twenty feet below. He struck upon his knees. He was picked up unconscious, and found to have sustained a compound comminuted fracture of the left femur, about eight inches above the knee. The bones protruded so extensively that the ends had to be sawed off before the parts could be brought into apposition. Counter openings were then made, drainage-tubes passed through the thigh, and the whole fixed in plaster of paris after Markoe's method. The operation lasted more than two hours.

The injury is a very serious one, but Dr. Sayre has a vigorous constitution, and his chances are thereby much increased. Dr. Sayre has shown much enthusiasm, energy, and skill since he entered the profession, and his accident will be widely regretted.

In the next issue of the journal was the following note:

Dr. Sayre, the accident to whom we chronicled last week, died on the 11th instant from the effects of the severe injuries he had received. During his brief illness he was devotedly attended by Drs. Rob't Taylor, James R. Wood, T. M. Markoe, W. M. Polk, J. D. Bryant, Geo. A. Peters, R. F. Weir, E. S. Peck, and M. A. Pallen. He was twenty-nine years old, and since his graduation at Bellevue Hospital Medical College had been in active practice with his father. Dr. Sayre had already acquired much surgical skill. He was of an impulsive and generous disposition, and leaves many friends to regret his untimely death. His funeral took place on Wednesday, April 14th, from his father's house, the remains being interred in the family vault at Harlem.

The announcement of the death of Dr. Sayre will be a great shock to our readers. Many will remember the great, strong fellow who for years past has accompanied his father to the annual meetings of the Association, winning friends wherever he went with his big heart and frank ways. Least of all had they associated death with him. But shocked as they may be at the announcement of his sudden end, we take it that their thoughts to-day will rest chiefly with the stricken father, heart-broken over the loss of a son whom he loved with all the intensity of his nature, and upon whom he leaned more and more with advancing years. Surely Professor Sayre has the tenderest sympathies of ten thousand friends.

AN analysis of one thousand deaths in a co-operative insurance company—Knights of Honor—shows that ninety-three were the result of accident. Thirty were caused by suicide.

THE "yes sir" and "no sir" plan of reporting clinics is too realistic by half. Life is too short to have our reading so padded.

A MODEST contemporary announces itself as the best journal in the world. China, however, has not been heard from.

Original.**THE SURGERY OF CHILDHOOD.****NEVUS, HERNIA, REDUNDANT PREPUCE, ETC.**

BY EDMUND OWEN, F.R.C.S.

Senior Ass't Surgeon to St. Mary's Hospital, and to the Hospital for Sick Children, London.

From the Harveian Lectures of 1879.

[Reported for the News.]

I wish that I could have found some mode of intellectual conveyance by which I might be enabled to bring you from the consideration of one topic to another without necessitating you to such unpleasant jolts as you must experience when, having said all that I have to say upon the subject of hernia, I commence with that of nevus.

A bright staining of the skin or a growth of small blood-vessels which heap themselves above its level is a pathological condition well calculated to make the parents of an otherwise healthy infant extremely anxious, while the consultations which they may have held with the monthly nurse cause them to regard the spot as one of the worst forms of malignant deposit, or at least as a condition that must be taken in time and obliterated. If the medical attendant, when appealed to, appear to treat the matter with comparative indifference, he is apt shortly to discover that the child has been taken to some specialist "for further advice;" but should he determine to undertake radical treatment, he is often at a loss as to what line to adopt. If the nevus be small and superficial, almost any interference will suffice to remove it; indeed in my experience it will not infrequently disappear of its own accord. It is well, therefore, that its career be carefully watched for a time; and for the better guidance as to its increase or diminution the exact size may be drawn in outline upon a piece of paper; and then if it be in a part concealed by the dress, or if quiescent, it may be well left alone; but if, though small, it be found to be growing larger and brighter, strong nitric acid may be applied to it upon the pointed end of a lucifer match; but this valuable caustic, when more freely used, is color-blind, and attacks with equal energy the pinkish-white and the deeply-stained skin, so that a thick layer of ointment must be spread close around the margin of the tissue to be destroyed to limit the action of the escharotic. From a neglect of this precaution I have seen hideous white scars resulting far worse than the nevus itself; but

as the latter had succumbed in the process, the parents were not discontented. Near the eyelids the acid must not be used, of course, and the bottle must always be kept well out of reach during the application. A friend of mine some time since had the misfortune to allow a child severely to disfigure itself by kicking the contents of the acid-bottle over its scrotum.

In the natural anxiety to leave the smallest possible scar in the place of the nevus the surgeon is apt to allow his treatment to degenerate into a mild form of local irritation; but if, upon the other hand, he sacrifices appearance to thoroughness, an unsightly scar bears lasting testimony to his interference.

It is not my intention now to pass in review the various ways in which nevi have from time to time been dealt with, but rather to give the result of my own experience with the different methods of treatment to which attention has of late been specially directed and which I have followed out.

First, then, as regards electrolysis—the decomposition of the nevoid tissue by the continuous current. The battery with which I have chiefly worked is one of Weiss's, of zinc and platinum elements. The positive pole is connected with a wet sponge, which is placed upon the skin near the part, while the needle or needles which are in connection with the negative pole are introduced into the midst of the nevoid tissue. A slight scorching or blackening of the skin in contact with the needles, and a bubbling and crackling of hydrogen which is being disengaged within, are a sign that all is acting well. I always try the sponge and the needles in a little water first, to see that the combination of elements is in working order; for batteries are so apt to get out of gear, especially when they have been carried about, that they might well be taken as the type of fickleness and frailty. The needles should be made to penetrate every part of the tissue, which thus becomes hardened from the coagulation of the albumen, and they should be gradually and slowly withdrawn, so that not a drop of blood is spilt.

In this way the resulting scar is, in my experience, as small as it can be; and if the nevus be situated upon the eyelid, nostril, or lip, where no fluid caustic can be used, the method answers extremely well. The destructive action is also confined to those tissues which are immediately attacked; but the operation is prolonged and painful, and I would never think of employing it with-

out having placed the little patient under the influence of an anesthetic. But if the growth be large and deep, so many "sittings" are required before a thorough cure be effected that some other method must be sought, and this I have no hesitation in affirming is best afforded by Paquelin's thermo-cautery.

I may perhaps be pardoned if I exhibit again this already well-known instrument, and briefly allude to the clever design of its construction. From this bottle the vapor of benzine is supplied by the india-rubber ball-pump to the interior of the hollow knife-blade or needle, which when once heated in the flame of a spirit lamp remains at a white or red heat so long as a constant draught of the vapor is supplied; and as the vapor ignites at a very low temperature, the instrument can be kept red hot, if need be, even while it is passing through thick and moist tissues. With the thermo-cautery, however large the growth may be, it can be attacked and destroyed with well-nigh certainty at a single operation.

If the growth be not very large, the needle-like blade may be used, care being taken to pass it into every part of the tissue; if it be extensive and deep-seated, it may be dissected out with the blade-cautery, and with but little bleeding.

I lately removed in this way at one operation a large nevus which involved the nipple and a great deal of the mammary tissue of a female infant, taking away the whole of the gland with the affected piece of skin. The cicatrix which was left was extremely small; perhaps the scar of a burnt wound contracts more than another.

Mr. Kempe has used this instrument quite largely in the treatment of nevi, and he is particularly well pleased with its performance. He informs me that whenever the success of the treatment has not been perfect it has been owing to his not having used the blade with the desirable freedom.

I have attacked a good many large and obstinate nevi with setons which have been soaked in a strong solution of perchloride of iron; but although their effect is fairly certain, still they are by no means infallible in their action; and as they have to remain in from fourteen to twenty days to insure sufficient inflammation and suppuration, the treatment gives rise to considerable distress.

I have never tried injecting nevi with the liquor ferri perchloridi, or with any other solution; but I have heard of a case in which

one side of the nose sloughed away in consequence of such treatment.

Vaccination as a means of removing nevi I never recommend, but I have sometimes seen it effect a cure in a smallish growth.

Not long since a child was brought for the obliteration of the peripheral zone of vascular tissue which remained after a nevus of the size of a shilling had been so dealt with.

Of ethylate of sodium one has heard a good deal of late in connection with the treatment of nevi, though this caustic was introduced to notice by Dr. B. W. Richardson as long ago as 1870. It is prepared by dropping small pieces of metallic sodium into absolute alcohol, when, the sodium displacing an atom of hydrogen, a new body is produced which is represented by the formula C^2H^3NaO .

When this sodium alcohol is applied to the dermal tissue the original alcohol is reformed by the robbery of the elements of water, caustic soda being left against and destroying the tissue.

Dr. Richardson believes that this useful caustic will play an important part in the surgery of the future, and it may not be improbable that its manufacture upon a large scale in the "City of Health" will afford one of those few uses to which the then distasteful spirit will be put.

(The pain which is caused by the energetic action of the caustic can be relieved by the application of a little chloroform, which then produces a chloride salt.)

Dr. John Brunton, before the Medical Society last year, spoke highly of the compound in the treatment of nevi, and was kind enough to give me a sample with which to work. At first I was well satisfied with the results obtained from it. The application gave rise to but little pain, the scabs came off easily, and the reapplication of the ethylate did not seem to distress. The fluid did not trespass upon healthy skin, and did not burn or stain, and the remaining scar was small. Like electrolysis, for small and superficial marks, it answered well enough, but for large or deeply-seated nevi I found it unequal to the maintenance of its reputation. Moreover, with all its advantages, it was not so certain in its action as was the strong acid.

I have no great regard for so-called subcutaneous ligature of large and flat vascular masses of tissue; though the loops and ends which are so cleverly depicted in our textbooks as evidently to allow none of the vas-

cular growth to escape, while at the same time they hardly damage the skin, in practice they are not so easily and happily tied. Some running end of ligature is sure to get wrong, and thus much or all of the nevus escapes strangulation.

When a large nevus is brought to me now I give no thought to sodic ethylate, to electrolysis, setons, or ligature, but rely solely upon the thermo-cautery. And concerning small nevi I thus advise anxious parents: Except so far as they may happen to cause disfigurement they are generally harmless, and interference with them may be indefinitely delayed, perhaps never required; that they often fade away; while not a few of them, by the pressure or chafing of the clothes, or without any external irritation, undergo an attack of inflammation and ulceration, and so effect their own obliteration.

HERNIA IN CHILDHOOD.

Hernia in childhood is apt to give rise to no inconsiderable trouble to the medical attendant as well as anxiety to the parents of the patient, and eventually not a few cases find their way to those who, in my opinion, are but imperfectly qualified for dealing with them—the chemist and the trussmaker. The former could often do more service for the patient by prescribing syrup of squill and paregoric elixir, or by a simple mixture that should relieve the constipation and straining; but, like the trussmaker, he feels bound to supply from his armamentarium a truss if the mother has diagnosed a “rupture.” But unfortunately these useful members of society know nothing about hernia being but a symptom of a pathological condition, just as prolapsus ani is. They look on it merely as an escape of a something from a somewhere which must be put up again and kept there. They know nothing about the anatomy of the important inguinal region, and still less about the delicacy of a baby’s skin. They apply—I can not say *fit*—the truss to the best of their ability; and if it does not succeed in keeping up the bowel, the failure is apt to be attributed to the peculiar individual construction of the patient.

Here are some trusses which I have lately bought at the shops. This one, as is often the case, has a spring much too strong and unyielding. The effect of its being worn would be to press the pad into and so enlarge the abdominal ring, and at the same time to produce an ulceration of the integument. I have seen a large ulcer in each groin the result of pressure from a double

truss, which probably was never required; but quite as frequently, Mr. S. Osborne tells me, the ulceration is to be found over the spinous processes from the child lying upon the hard band of the apparatus.

When a truss is ordered for a young child the nurse or mother should be thoroughly instructed about the necessity of keeping it clean; of padding it with lint, and covering all with soft wash-leather, and of the need of renewing the covering whenever it becomes hardened from being wetted. The child should be provided with a change of trusses.

Here is a truss which from its size is evidently intended for a child, but which is made upon a spring strong enough for a navy. It is of a useful make because, being of india-rubber upon the outside, it can be worn when the child is being bathed, when, perhaps on account of the struggling, the protrusion is particularly apt to descend. As a rule, the truss need not be worn at night, but the child must not be taken out of bed until it has been adjusted.

When dealing with a reducible hernia in infancy or childhood the surgeon must search out the *cause* of it. It may be that it is simply due to an arrest of development along the inguinal canal from an abnormal patency of the frenicular process of the peritoneum. Such cases are common enough, and as the infant grows obliteration advances, and nature works her own cure.

The most troublesome cases of congenital hernia are those which are associated with an imperfectly descended testis. Probably from strange attachment the testis will not take up its position in the scrotum without a piece of bowel, although there may be a distinct interval existing between the gland and the gut. If in these cases a truss be applied to keep up the bowel, the testis is prevented from descending; and if the instrument be applied when the testis is down, the bowel is compressed. Before advising a truss the scrotum should be examined. There should be two testes within it when the truss is applied; neither more nor less. Not *more* than two, I say; but sometimes it seems as if there were three—two on one side and one on the other. This “third testicle” is ovoid, firm, and perhaps of the exact size and shape of the other occupants of the scrotum, and I have rarely known a student who meets with the condition for the first time to recognize its nature. It is a small collection of serous fluid in the yet unobliterated frenicular process of the peri-

toneum. Its position is, then, above that of one of the glands. It is too small a tumor to be examined successfully by the test of transmitted light, and it is too firm and tense to give rise to any feeling of fluctuation. Having watched it for a week or so, to see that it is not by any chance a malignant deposit in the cord, it may be punctured with a common sewing-needle, and the escape of a fine stream or of a few drops of serum will remove all uncertainty as regards diagnosis. After this the tumor often disappears, though sometimes it requires for its entire removal occasional punctures on subsequent occasions; and in this same way I treat the simple or congenital hydrocele in childhood—"wind-rupture" I think it is called in the family circle. Lotions to the scrotum are chilling and unpleasant, and the mother loses her faith in them as a rule before the child is cured of the hydrocele. Puncture with a fine canula and trocar is rather painful, and not seldom followed by great tumefaction of the scrotum, and even by inflammation of the parts concerned; whereas the simple and almost painless needle-puncture is generally all-sufficient.

The recommendation has been given that these water-swells be treated by electrolysis. The puncture without the electricity is enough. I can not say how it is that a slight prick, perhaps three or four times repeated at intervals of four or five days or more, induces a disappearance of the fluid. Perhaps it is that when some of the serum has escaped through the tiny opening the absorbents bear away the rest; or it may be, to use a booky expression, that "the nature of the secreting surface has been altered" by the stimulation; but by such a phrase we are only confessing our ignorance of the true physiological changes.

But to return to the case of the rupture associated with undescended testis, my advice is to keep the child lying as much as possible, so as to be able to do without the truss. The nurse may be shown how to coax down the testicle by pressing the finger close above it; but frequently it happens that the testicle which refuses to take its proper place in the scrotum, which lingers in the canal or wanders into the groin or perineum, is and will be physiologically worthless.

Perhaps the commonest cause of hernia in childhood is a small preputial or urethral orifice; and the explanation of the associated conditions is simple enough. Either of these seemingly slight irregularities may

cause the child the greatest difficulty in voiding his urine; or the smegma collecting under cover of phimosis sets up an inflammation and edema of the glans and neighboring parts, so that the preputial orifice at last becomes almost occluded, and thus straining at micturition becomes inevitable. The effort is so intense and the pressure brought to bear against the abdominal and pelvic viscera is so severe that a piece of intestine is glad, so to speak, to make its escape through the umbilical cicatrix or along the imperfectly closed frenal process of peritoneum, and so into the scrotum. In many such cases the simple removal of the long foreskin suffices for the cure of the hernia, while without the operation treatment by truss or otherwise might meet with little or no success. This fact has already been ably pointed out by Mr. Arthur Kempe in the *Lancet* of 1878.

If the boy is allowed to grow up with the long prepuce, he is almost certain to suffer annoyance from it some day or another. At school he finds himself different from other boys, and always the redundant tissue covers an irritating secretion which should have been washed away daily. And if perchance a sore of any nature be developed beneath it, how great is the difficulty of treating it! Often, too, when a man is contemplating marriage does he think it expedient, under advice, to have an operation performed that should have been done in his infancy, at which time it would not have been preceded or followed by any dread or inconvenience. Nurses are not sufficiently aware of the necessity of keeping these delicate and sensitive mucous surfaces clean. In childhood the irritation set up by the accumulating secretion frequently gives rise to incontinence of urine; and in somewhat older subjects causes so much peripheral annoyance as to expose the penis to constant fingering, and so the subject becomes abnormally conscious of its existence.

That a long or adherent prepuce is apt to give rise to that important class of symptoms which are known as "irritation of the bladder" is a matter of so frequent occurrence as oftentimes to escape our serious attention. It is the converse of the proposition of stone in the bladder giving rise to an itching at the end of the penis. By day the boy endeavors to allay the symptoms by pinching the prepuce; but by night, when the brain is dormant and the voluntary movements are suspended, and the supervision of the genito-urinary tract is given over to

the well-meaning but misguided cells of the gray matter of the cord, a slight physiological mismanagement is apt to occur, which may be at once explained by the theory of associated anatomical areas.

The sensory nerve filaments which are distributed to the muco-cutaneous tissue at the end of the penis are derived from the internal pudic trunk, itself a branch of the sacral plexus. The nerves of this plexus lose themselves in the gray matter of a certain part of the spinal cord, from which are passing out through that same interlacement efferent fibers which are destined for the supply of the muscular walls of the bladder. But more than this, that same colony of cells receive the filaments which carry up sensations from the mucous membrane which lines that viscus. It may be on account of the exceeding irritability of the protoplasmic substance of those cells, or it may be that by education and design they are more specially occupied with the care of the bladder rather than of the end of the penis; but in one way or other they are induced, to interpret the isomeric transformations, propagated by the axis-bands of the filaments coming from the latter and less important area, as messages of unrest and distress from the bladder itself, for which disquieting condition they know of one and only one means of affording relief. This they delay not to put in force, and with the result that in the morning the unfortunate child is severely reprimanded, perhaps punished, for having unconsciously wetted his bed.

The narrower the field of work and observation with which vesicular and fibrillated nerve tissue are occupied the greater the risk of their failing to appreciate a morbid condition which happens to be in any way foreign to that specialism. But for the miscarriage of domestic justice to which I have called attention neither the gray cells of the cord nor the ignorance of the parents should be blamed. The former did their best under a misapprehension, I grant; and the father and mother at the present day may hardly be old enough to have been acquainted at school with the simple views of Spencer and Huxley concerning sensations and sensiferous organs. The instruction of the parents would have been the sparing of the child. But in the meanwhile we must not hold ourselves excused if we make not a wide and practical use of our physiological talent. In every case of hernia or of incontinence of urine let us make a thorough inspection of the glans and prepuce, and

not rest satisfied with allowing them to remain, like the talent itself, hidden in a napkin.

I would that time permitted me to dwell upon the not less interesting anatomical association existing between the base of the bladder, the prostate or vagina, and the lower end of the rectum, both as regards communications of nerves and veins, and to give instances of that sympathy which is sure to arise in one when the other is in trouble. Only the venous plexus of those organs is represented in the diagram upon the wall; but their blue ramifications, which, let us imagine, are hiding the nerve filaments, are enough to suggest to us that not only will a vesical calculus cause an irritable condition of the rectum and anus, but that ascariides and chronic constipation are very prone to give rise to vaginitis or incontinence of urine or well-marked symptoms of stone. Regular alvine evacuations will generally be obtained if attention be paid to the child's diet, or if oat-meal porridge be added to the usual food, though it may perhaps be eventually necessary to prescribe that useful mixture containing the sulphates of iron and magnesia.

Without wishing to attach more than a due amount of importance to the ill effects of a long prepuce, I must confess my belief that it is a peculiarly frequent source of discomfort to the child. Time after time have we found habitual incontinence of urine, a troublesome hernia, or severe eczema of the thighs, abdomen, and scrotum disappear after its removal. Dilatation of a narrow preputial orifice by means of the dressing-forceps at times may be sufficient, but the dilatation frequently affords but temporary relief. And having alluded to eczema of these parts, let me call attention to the necessity, among the poor at least, of inquiring into the nature of the special clothing. Sometimes the diapers will be found to be made of pieces of coarse blanket; at other times the cloths are not changed often enough, or have been washed in water containing soda. A lotion of oxide of zinc and glycerin will be found of service in many of these cases; but if the trouble be of syphilitic origin it will of course clear up readily under the influence of the mercurial inunction.

Mr. Barwell has lately shown that out of one hundred consecutive cases of hip-joint disease in boys, ninety-four of them were the subjects of a long prepuce; and further, quoting from Mr. Morratt Baker, he says of the cases of hip-joint disease which are

admitted into the Evelina Hospital, which is largely used by Jews, most of the cases belong to the Christian, not to the Jewish community.

Mr. Barwell does not like to speculate on the influence which phimosis may have in the causation of hip-joint disease, but he throws out as a suggestion that boys who are the subjects of that condition suffer from chronic priapism, which irritates the lumbar part of the spinal cord, whence come the pelvic and femoral nerves, and that the influence of spinal irritation upon the trophic nerves is well known. Hip-joint disease, he thinks, occurs less frequently in girls than in boys, and that when it does occur in the former there may be found vaginitis produced by thread-worms which have immigrated from the rectum. Further than this he admits that he is disinclined to go, but he remarks that the inference as to treatment in the male cases in the earlier stages is obvious.

Now who, I ask, dares say, remembering how little we really know at present concerning the associations of central irritation and trophic changes, that Mr. Barwell's facts, figures, and speculations are but transcendental? I at least would not. Indeed it is a matter of considerable satisfaction to me to have discovered the existence of a practitioner who exceeds me in the belief that, however much we may be in the dark concerning the absolute influence of phimosis in the causation of disease, the indication as to treatment is abundantly clear. After all there is not a great deal in the science and practice of surgery concerning which we may boast of a certainty of knowledge; but this, I believe, is very near the truth—that every new-born male should be carefully examined, and, if need be, that a certain redundant piece of muco-cutaneous tissue be removed in accordance with a Levitical command which, though given a long time since, is still observed, and with indisputable advantage, by a certain race. The eighth day was not too early for the operation then, nor is it now; nor do I consider it more necessary now than then that the performance should be accompanied with any of those special antiseptic precautions which some surgeons even in this little mutilation have conscientiously adopted, though I am prepared to grant that since those early times a powerful race of septic germs may have become evolved of whose "potential" creation even we do not read in the book of Genesis.

But I am reminded that I have yet something to remark concerning the hernia of infancy. It is, that it seldom becomes so highly strangulated as to require an operation for its return, though I confess it has in two such instances fallen to my lot to operate. A case of strangulated scrotal was under my care some months back at the Children's Hospital. The sickness and constitutional disturbance were so severe that had the patient been an adult I should at once have got him under the influence of chloroform and, if necessary, have operated. But my colleague, Mr. Thos. Smith, advised me to put the child on his back in bed, and to tie up the knees under the arched bars of a "cradle" placed over the patient. In this way, and in the course of a few hours, the congested vessels of the strangulated bowel were enabled to empty themselves, and the intestine, if I remember rightly, went back of itself. An ice-bag was applied over the tumor, but no chloroform was administered nor further manipulation attempted. This is, I am sure, a practical point of which the importance can be scarcely overestimated; and looking back some six years to those two cases in which I operated, I can not but regret that I had then been ignorant of the great effect that posture can afford in the strangulated hernia of children.

Picturesque among the rickety deformities and the cases of chronic and acute joint- and spine-disease of which the surgical clinics of a children's hospital in London are so largely composed are ovarian hernia in the inguinal canal. I have seen them single and double. The truant ovary is in size and shape not unlike a bitter-almond, and generally it slips up into the inguinal canal or abdomen when the surgeon attempts to examine it. As the development of the child increases the inguinal canal becomes closed and the ovary less inclined to wander, but it is still apt to descend into the labium even of the adult, and in one such instance I found it in operating the sole occupant of the sac of a femoral hernia.* And further, I think that it is well that within bounds a fearless expression of honest opinions do find vent.

A FELLOW in Columbus, bragging about the number of compound cathartics that he could swallow, took a couple of dozen, and succumbed. Moral—*Boast no pills.*

*British Medical Journal, 1873.

NOTES ON MILK-SICKNESS.

BY H. K. PUSEY, M. D.

In the News of January 10th I promised you some other facts connected with the milk-sick cases then reported.

In Breckinridge County, four and a half miles west of Big Spring, at the foot of a sand ridge, are the two farms on which occurred all the cases, twelve in number, from which I reported. It is claimed that all the patients got the disease on the Tate farm, which is situated half a mile northwest of the farm on which the Clarke family died. In July and August Tate's wife and two children died and three others recovered, all patients of Dr. Pennington, of Bewleyville. After the death of Tate's family the Clarkes bought his growing crop, and the place was vacated till October; then the Clarkes went on the premises to dig the potatoes and to make sorghum. While engaged at this work four of them got sick so nearly together and so nearly alike, and immediately after drinking of water that had stood over night in a bucket near the cane pile, as to impress them with the idea that they had been poisoned by the water. Three of the Clarkes died and two recovered. Mrs. Clarke relapsed and died in four days, after having so far recovered in ten days from her first attack as to enable her to ride upon horseback a distance of four and a half miles from Big Spring, where she had been removed by her friends, to her home on the fated farm.

The notes made by Dr. Pennington of the cases treated by him indicate so clearly the same diseased condition, and correspond so fully with the course and symptoms presented by the Clarke family, as to render it unnecessary to give his cases in detail, unless it were to show the uniformity of the symptoms in all the cases. Irritable stomach, with incessant vomiting; brown, furred tongue; burning thirst; obstinately-constipated bowels; respiration diminished in frequency; pulse normal as to frequency, but extremely feeble; the temperature but little above normal in any of the cases, and failing early in the fatal cases, falling as low as 96° before dissolution—describes the course of the disease as observed in the Tate family by Dr. Pennington, and in the Clarke family by Dr. Strother and myself. Dr. P. did not find the temperature of any of his patients above $99\frac{1}{2}^{\circ}$ at any time, and in one case he never found it above 97° . The temperature, pulse, and respiration, and the relief following purging of the bowels cer-

tainly differentiate milk-sickness from any form of miasmatic disease with which we are acquainted. That the secretions and flesh of cattle thus diseased produce this specific effect on man and other animals is a fact so well established as to admit of no doubt. The symptoms, etiology, and treatment all serve to establish for milk-sickness a real entity and a separate place in the catalogue of diseases.

So little is known of the nature of the poison producing milk-sickness, and of its mode of getting into the system, that some interest attaches to every theory of its origin. The inhabitants of milk-sick regions are so divided in their opinions as to what serves as a vehicle to carry this poison into the system as to render their observations in that regard of but little value.

That the water of certain springs had the poison in solution or admixture has found many believers. About sixty years ago, as I learn by tradition, and within the memory of one person living in the vicinity, a family by the name of Hall, living on what is now the Tate farm, all died from milk-sickness. The water of two springs was believed to have contained the poison. These springs were inclosed by a fence and subsequently filled up with rock and dirt, and ever since had been avoided. Since that time, at intervals sufficiently short to keep up the milk-sick reputation of the locality, cattle have died of what the people called the "tremules," or "slows;" and it is attested that in several instances where dogs have eaten of the carcasses they too have died of the disease.

The fact that milk-sickness has never occurred except in unusually dry seasons is claimed to favor the theory that it is gotten in water, the solution of the poison being concentrated by the drouth. We are told by others familiar with its occurrence that it is got by cattle grazing in certain spots where there is found no vegetable growth differing with that of uninfected localities, and when these spots have been brought under cultivation the disease has been stamped out without having destroyed any vegetable growth that was, not found upon adjacent grounds, and also without having affected in any way the supply of water. It is claimed that the herbage is only poisonous while the morning dew is upon it. Hence in infected localities farmers observe the precaution of keeping their cattle in close pens until the dew dries up. It is believed that the extremely subtle poison is exhaled from the

ground during the night and absorbed by the moisture on the vegetation, to be volatilized again by the heat of the sun.

The inhabitants of milk-silk localities generally profess to know just where the milk-sick spot is on their place or in the neighborhood, and to know, too, that it is a small or circumscribed space.

One instance is mentioned of a cow having gotten milk-sick from eating a sheaf of oats while moist with dew, the oats having lain over night near an infected spot. Another sheaf of oats similarly placed, but permitted to dry, was given to another cow without producing any disease.

Water suspected of containing the poison has been carefully analyzed without result. I do not know that dew has ever been examined for it.

In the vegetable kingdom the rhus, the mushroom, the laurel, and the buckeye have all been charged with containing the poison of milk-sick.

Of the minerals having been charged with containing this poison mention may be made of lead, arsenic, cobalt, and copper, but the symptoms and the post-mortem appearances bear out no case of poisoning from any of these articles.

It is questionable whether any other animal than the cow gets the poison from its original source. It is strongly believed that all others—man included—get it from the product of the cow. There seems to be no fear on the part of the inhabitants of milk-sick regions of getting it in any other way. So careful are many of the farmers that if their cows should have had an opportunity to reach the infected area, their milk and butter are not used until sufficient time has elapsed for the disease to develop and run its course, or until the milk has failed to produce the disease in the calf. If the cow has no calf, she is often tested as she would be if her flesh was used for beef—by rapid driving. If diseased, she soon exhausts and falls trembling to the ground.

Cows rarely have been known to take trembles during lactation. The poison seems to be eliminated by that process. Crude as the notions of the laity may be as to the producing cause of milk-sickness, their observations and conclusions constitute the sum of our knowledge on the subject.

No antidote, in the sense of quinine for miasm, has ever been discovered.

Purging of the bowels has always been considered an indispensable prerequisite to recovery. Our patients whose bowels were

purged got well; those who were not purged died.

With the little light I have on the pathology and treatment of milk-sickness, I should rely on warm demulcent drinks for the stomach—warm because they are retained better than cold, and being retained are more apt to be appropriated by the stomach—yet in no case have I seen any evidence of absorption of medicine or aliment until after the alimentary canal had been emptied of its fetid contents. For this reason I would not again expect benefit from purgative medicines administered by the mouth, but should rely on distension of the bowels with warm water thrown sufficiently far up by means of a strong syringe and tube, to distend the bowels and wash them out, and excite if possible a peristaltic action, aided by kneading with the hands the abdominal walls.

For reasons already alluded to, stimulants, although seeming to be strongly indicated, accomplish no good; indeed every thing in my hands seemed to act as an irritant except the warm water well sweetened with white sugar.

Relapses are common, but I have heard of no second attack.

GARNETSVILLE, KY.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.

The Society will meet at Lexington, Ky., Wednesday, May 19th, at 3 o'clock P.M. The following is the order of business:

WEDNESDAY AFTERNOON, THREE O'CLOCK.

1. Prayer.
2. Report of Committee of Arrangements—Dr. W. O. Bullock, chairman.
3. Reading records of the last meeting. Appointment of Committee on Credentials.
4. Report of Committee on Publication—Dr. Coleman Rogers, chairman.
5. Report of Treasurer—Dr. J. A. Larrabee.
6. Report of Corresponding Secretary—Dr. J. N. McCormack.
7. Report of Recording Secretary—Dr. Archibald Dixon.

EVENING, 8:15 O'CLOCK.

Annual Address of the President—public—Dr. R. W. Dunlap, Danville.

THURSDAY MORNING, NINE O'CLOCK.

Prayer.

STANDING COMMITTEES.

1. Improvements in Surgery—W. O. Bullock, Lexington.
2. Improvements in Practical Medicine—C. H. Thomas, Covington.

3. Obstetrics—S. S. Watkins, Owensboro.
4. Dermatology—L. P. Vandell, Louisville.
5. Epidemics—Harvey McDowell, Cynthiana.
6. Hygiene—J. G. Brooks, Paducah.
7. Materia Medica—J. D. Neet, Versailles.
8. Vital Statistics—W. W. Cleaver, Lebanon.
9. Medical Ethics—D. C. Tucker, Danville.
10. Gynecology—J. N. M'Cormack, Bowling Green.
11. Finance—Geo. Beeler, Clinton.
12. Necrology—Geo. T. Erwin, Danville.

AFTERNOON, THREE O'CLOCK.

SPECIAL COMMITTEES.

1. Cholera Infantum—Preston B. Scott, Louisville.
2. Treatment of Wounds—Fayette Dunlap, Danville.
3. Diseases of the Rectum—R. O. Cowling, Louisville.
4. Ophthalmology—J. Hale, Owensboro.
5. Typhoid Fever—S. M. Letcher, Richmond.
6. Scarlatina—Chas. Mann, Nicholasville.
7. Etiology and Management of Deaf Mutes—Geo. Cowan, Danville.
8. Diphtheria—Smith M. Hobbs, Mount Washington.
9. Early Management of Infancy—J. A. Larrabee, Louisville.
10. Glaucoma—D. S. Reynolds, Louisville.
11. Hydrotherapy of Scarlet Fever—S. P. Craig, Stanford.
12. Otology—M. F. Coomes, Louisville.

FRIDAY MORNING, NINE O'CLOCK.

SPECIAL COMMITTEES—CONT'D.

1. Uterine Displacement—J. P. Thomas, Pembroke.
2. Mechanical Aids to the Diagnosis of Heart Disease—Frank C. Wilson, Louisville.
3. Massage as a Therapeutic Agent in Chronic Diseases—J. M. Meyer, Danville.
4. Syphilitic Iritis—Wm. Cheatham, Louisville.
5. Treatment of Vaginitis—W. H. Wathen, Louisville.
6. Puerperal Convulsions—E. M. Poynter, Midway.
7. The Evils Resulting from the Unnecessary Use and Abuse of Certain Gynecological Instruments—C. C. Godshaw, Louisville.
8. Syphilitic Epilepsy—J. W. Singleton, Paducah.
9. Excisions—J. A. Lewis, Georgetown.

The afternoon of the last day, and so much of the forenoon as shall be unoccupied, will be devoted to the reading of voluntary contributions. The order of exercises as given above will be changed by the Committee of Arrangements as occasion requires.

All members having papers to read (both voluntary and reports of committees) are urgently requested to notify the chairman of said committee, Dr. W. O. Bullock, by the 5th day of May.

By a resolution adopted, the length of time in reading each paper presented to the Society will be restricted to thirty minutes. (*Vide Trans. 1877.*)

Every preparation has been made by the Committee of Arrangements for the comfort and pleasure of those attending during their stay in Lexington, and it is earnestly desired that all members who can possibly do so will be present.

The usual reductions have been effected upon all lines of travel.

ARCH'D DIXON, Secy,
Henderson, Ky.

RAILROAD AND STEAMBOAT ARRANGEMENTS.

The Louisville & Nashville and Great Southern Railroad will charge three cents per mile each way.

The Cincinnati & Louisville Short Line Railway will charge one and one third fare for round trip.

The Kentucky Central Railroad will charge one and one third fare for round trip.

The Memphis, Paducah & Northern Railroad will charge one and one fifth fare for round trip.

The Cincinnati Southern Railway will charge one and one third fare for round trip.

The Paducah & Elizabethtown Railroad will charge one and one third fare for round trip.

The Memphis & Ohio River Packet Company will charge half fare to Louisville or Cincinnati.

The Louisville, Evansville and Henderson Mail Company will sell round trip tickets at two thirds of regular fare upon applicants showing members' credentials.

RENUNCIATION OF HOMEOPATHY.—Pacific Med. and Surg. Journal: Some time ago we mentioned the fact of the County Hospital at Sacramento being placed in the hands of the homeopaths. Among the drugs used by them and paid for by the city, according to the published statement of Dr. Tyrrell, were fourteen hundred and fifty two-grain quinine pills and three pounds of salicylic acid supplied by one druggist, and three hundred two-grain quinine pills, one ounce of quinine, and a large quantity of morphia by another. In fact, the medicine-bill was so high that from this cause in part the authorities removed the homeopathic doctor and appointed a "regular."

WHY WRITE "SALICYLIC?"—Pacific Med. and Surg. Jour.: We should like to know by what rule of orthography, analogy, reason, or common sense the word *salicylic* is spelled with a y. Is the genitive of *salix salycis*? Do we write *silycic* or *silicic* as the adjective of *silex*? With as much propriety may we say *sulphuryc* or *muriatyc* or *nitryc*. And yet nearly all writers, pharmaceutical and medical, put it "salicylic," though such of them as know any thing of language and terminology must know that it is wrong. It seems a small matter, but it ought to be rectified.

MEDICAL CHARGES.—Lancet: It is related of an eminent painter, Vernet, that on one occasion, being asked to produce a small pencil sketch, he did so while the applicant waited. When the latter protested against the price charged the painter replied, "Do you think I spent but ten minutes in drawing that sketch? It represents the labor of thirty years."

A "NEW SPLINT" is among the novelties of the season.

Selections.

Case of Rubeola (Rotheln).—By Dyce Duckworth, M.D. Condensed from the *Lancet*:

Inasmuch as doubt still exists in the minds of many experienced practitioners respecting the peculiar and specific nature of rubeola, or German measles, it seems desirable to place on record all cases that may be met with.

The late Dr. Murchison, who ably summarised the current opinions in a clinical lecture delivered at the Middlesex Hospital, gave in his adhesion in favor of the existence of *rötheln* as a substantive and distinct exanthematic fever.

Under the titles of roseola, epidemic roseola, roseola aestiva, and rose rash, the disease has been again and again described in English books with but an imperfect appreciation of its true clinical features and affinities. Without doubt, too, many examples of it have been diagnosed as cases of mild or irregular measles, *morbilli sine catarrho*. Other instances have been described as illustrations of the joint existence of scarlet fever and measles, or the affection has been regarded as a hybrid of these two poisons.

Happily the disorder is in itself an unimportant one in that it perhaps never destroys life, and, with the most rare exceptions, leaves no untoward sequelae.

The following case was carefully watched through its course, and these are its details:

A. M., aged eighteen, a robust youth, in health till 10 P. M. November 14th, when he felt "out of sorts," without any known cause. Slept well, followed his usual occupations next forenoon, and took his meals. About 1 P. M. on this day felt poorly and had slight rigors. During the evening was tired and depressed, apparently suffering from slight cold. His face and neck were rather red and puffy. Slight pain and stiffness under the lower jaw. Took hot foot-bath, and was perspiring on going to bed. Slight tightness on back of nose and throat.

November 16th: Slept all night. On waking found himself covered with a rash. Face and neck suffused, and skin over trunk and limbs injected and hot. An abundant, raised, crimson rash was found scattered on every part of the body. The general aspect was that of measles, with injected interspaces of skin between the papular patches; axillary temperature 101.4°; plainly visible crescentic arrangements of the measly eruption in many places; face less affected by papules, and more generally erythematous and swollen; it felt tight and stiff; throat sore; tonsils enlarged and red, and the lymphatic glands at the angle of the jaw a good deal swollen and tender; tongue fairly clean; papillae natural; pulse 84, regular, good volume, quick, and sharp; conjunctivæ suffused; no lachrymation, no sneezing, no cough; voice rather hoarse; no action of the bowels; urine of fair quantity, clear, acid, void of albumen. During this day the rash was observed to vary in character, so that many of the small raised patches coalesced. On the back was abundant eruption. Vaseline relieved the discomfort of the face. At 8.30 P. M. temperature 102.2°; 10 P. M., 101.2°. Submaxillary and suboccipital glands have enlarged during the day. Throat less sore, but looks as in the morning. No pains or noteworthy symptoms. The rash is not itchy, and is only uncomfortable on the face, which is red and swollen.

November 17th: The rash is less obvious; skin universally injected and rubeoloid; slightly raised

patches seen in most parts. The face less full and stiff. Temperature 99.2°; pulse 64, good volume. Tongue almost clean, throat less sore, fauces red, tonsils clean and red; velum punctiform with redness; skin moist. Glands enlarged and slightly tender at the neck, over larynx, supra-clavicular regions, in axillae and groins. Evening: Rash less marked; epistaxis to the amount of about two drams; stuffiness in the nose; voice slightly hoarse; temperature 98°.

November 18th: Skin still injected, the papular element faintly perceptible and of a yellowish red. Throat red and clean; tonsils enlarged; velum palati speckled with punctiform petechial spots. Filiform clot of dark blood on the pharynx, evidently from posterior nares. Pulse about 80 in sitting posture. Temperature 98.4°; conjunctivæ still suffused; tongue fairly clean. Right ankle aching, the site of a severe kick four months ago; no swelling or heat in it.

November 19th: Skin suffused; slight mottling.

November 26th: Glands about the same; no sign of desquamation except a little on lobes of ears. Out walking to-day; appetite good; tongue clean.

December 1st: Returned to his ordinary duties.

Desquamation was only noticed on the ears, and in slight amount. No sequelæ ensued.

A specially noteworthy point in cases of rōtheln is the tendency to enlargement of the lymphatic glands about the jaw and neck. Few writers have laid stress upon this symptom, and yet it is one of the most characteristic. It does not occur in true measles, and it seems to be somewhat disproportionate to the amount of irritation manifest about the throat. It was well marked in the case just recorded, and the enlargement was here noticed to occur in the suboccipital and submaxillary glands, while the axillary and inguinal lymphatics appeared also to be affected.

The diagnosis in this case was rendered more easy by my having attended the patient previously in well-marked and severe attacks of measles and of scarlet fever, the latter followed by nephritis and general dropsy.

Treatment of Indolent Buboës.—Dr. Edmund J. Doering, in *Chicago Med. Journal and Examiner*: During the past year I have treated all such buboës occurring in my wards at Philadelphia and my present station (Portland, Me.) by a simple method which has afforded better results than any other treatment mentioned. Through the indurated gland I introduce from three to four setons, the materials being either a stout piece of tape or silver wire, tied in a short loop, drawn backward and forward through the gland twice daily, and covered with a flaxseed poultice. The setons are allowed to remain from seven to ten days or longer, suppuration occurring generally the third day with a rapid diminution in the size of the bubo. The results of this treatment have so far been very successful, fully eighty per cent of the cases thus treated being cured within six weeks from the date of admission. With the exception of introducing the setons, no pain is experienced, and the patient is directed to walk about as much as he pleases, to encourage suppuration.

Small calculi may be removed by making the patient lie upon the belly, when they fall into the anterior portion of the bladder. He is then to place himself gently "as on four feet" and urinate in that position. The calculi, not having the opportunity to fall back into the cul de sac behind the prostate, are passed in the act of micturition.—*Le Progrès Méd.*